

Writing **Qualitative** Journal Articles

Some general principles

1. Qualitative articles usually analyse qualitative data
2. A key difference between writing reports and papers
 1. You cannot simply 'present data' for a refereed journal
3. Organizing data
 1. Organizing v. Analysing
4. Use of verbatim quotations

Why might health researchers publish qualitative research papers?

- More and more mixed methods studies in health field
- i.e. ALL ICPH projects at Birzeit University (Palestine) have qualitative as well as quantitative elements
- Qualitative research may come pre-quantitative study or post-quantitative...or in parallel (ICPH Birzeit a good example)
- What qualitative data do not help you with...
 - i.e. Trends
- What qualitative research can do well...
 - Understanding social processes and people's practices
- BUT a distinction between: Qualitative paper in a qualitative journal or a mainly quantitative journal?

Qualitative articles usually analyse (or interpret) qualitative data

- Semi-structured Interviews/ Focus Groups
- Fieldwork conversations (individual/group)
- Diary Observations (your own/research participants')
- Documents (policy descriptions, procedures, records of activity, diaries)

Qualitative articles usually analyse (or interpret) qualitative data

In each case...

- Data as text, Data as narrative...
- Papers are therefore usually longer (4-8000 words)
- What does this data mean? (meaning as keyword)
- Robustness through: consistency of evidence ('saturation'), case study detail, triangulation of sources
- Descriptive statistics may also be presented
- BUT...No statistical tests of significance
- Standardized frameworks of reporting less common in qualitative journals (i.e. Abstracts rarely structured)
- **A very big challenge when writing in a second language**

Trust and Risk in a German Chemical Town

Peter Phillimore & Patricia Bell

University of Newcastle, UK & Darmstadt University of Applied Sciences, Germany

ABSTRACT *This article examines the relationship between trust and risk in one of the centres of the global chemical industry, Ludwigshafen in Germany. A single industry town associated for 150 years with BASF, the dominant outlook among those living or working there has been one of trust, confidence and pride in the corporation which has 'put the town on the map'. Yet beneath the surface, subtle shifts in public assumptions and expectations about BASF and the town's chemical industry are now occurring. We describe the parameters of public reflection about trust and risk, analyse how characterizations of BASF are changing, and consider how far recent writing on trust helps in understanding its salience in this particular industrial town.*

KEYWORDS *Trust, risk, environmental politics, chemical industry, Ludwigshafen*

In this article we analyse a public culture of trust and confidence in a dominant industrial corporation, and the growing limits to that trust and confidence. The analysis concerns Ludwigshafen, a town in Germany dominated by the chemical industry.¹ The remark quoted below provides a pointed comparison with the former Höchst operation in Frankfurt to highlight a frame of mind we encountered often in our research in Ludwigshafen: the deeply ingrained confidence in the chemical corporation which is almost synonymous with the town, BASF.

I have a brother in Frankfurt... he used to work at Höchst and he always complained about how little the residents, or the population around Höchst, accepted the company in comparison to Ludwigshafen. Here [if] there was some kind of dust which settled onto a playground, Ludwigshafen's residents can handle that.

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Navigation sidebar with icons for home, search, and other functions.

You cannot simply present data for a refereed journal!

- **Reports v Papers**
 - Different purpose, different criteria
 - For **reports**: summarise what you did, and what you found for funding bodies, plus an indication of significance
 - For **journal papers**: originality, rigour, significance are crucial...

You cannot simply present data for a refereed journal!

For journal papers: originality, rigour, significance are crucial...

1. What are you saying (claiming) that is new?

What is your angle?

2. Requires you to frame an argument: explanation/interpretation
3. Requires that you contribute to debates (in relevant literature), or initiate a new debate

But who defines what is relevant literature? You!

But you must do so convincingly

Like entering a conversation (or starting a new one)

4. Can you defend your claims? (suggestive or persuasive?)

How many author voices are possible in a qualitative paper?

- Usually a smaller number of authors
- A lead author and a lead voice
- Genuine writing partnerships

Organizing your data - 1

- Framing an argument requires organizational devices, such as...
 - Chronology (i.e. before & after, life stage)
 - Top down v. bottom up (state/ government perspectives v. citizen perspectives; elites v. non-elites)
 - Biomedicine v. 'traditional' healing
 - Walt & Gilson's four components of health policy
 - Content, Actors, Context, Process

Moving from Organizing to Analysing

- But organising devices are only steps towards an analysis
- These will not get your article published on their own
 - necessary but not sufficient ingredients of analysis
- Analysis requires:
 - Identify key themes
 - But where do these come from? From the data, or imposed on the data?
 - Utilise or critique key concepts
 - An argument based on these themes and concepts

Themes and Direct Quotations

- “Qualitative data analysis is often constructed around themes and so is the reporting. To support the analysis it is common to include direct quotes from for example interviews.”

<http://www.lse.ac.uk/media@lse/research/EUKidsOnline/BestPracticeGuide/FAQ35.aspx>

Direct quotations

- as evidence or explanation
- as illustration
- to deepen understanding
- to give participants a voice
- to make text more vivid

Which purpose does a quotation like this have?

- “What happened is that these people who don’t know anything started sitting on the footpath. They pretend to be wrestlers [i.e. bone doctors]. They don’t do proper treatment and our name gets spoilt. Now I sit here inside [his treatment room at home] and there is nothing written that treatment is done here. But you have seen people coming here. I treat them well which is why they come.[...] these people just get those herbs from the market and mix it in artificial oil and start applying it. But they will not know how to set bones. They can get the medicines from me but they will not know how to set a bone, keep it in that position and how to set it in every angle. Only the trained people will know how to do that. (2PL2311M)”
 - From: Lambert, Helen. (2012) Medical pluralism and medical marginality: Bone doctors and the selective legitimation of therapeutic expertise in India. *Social Science & Medicine* 74: 1029-1036

Characterising individuals quoted while protecting anonymity

- “indented quotations might be followed by square brackets containing a label such as ‘parent’, ‘carer’, ‘landlord’, ‘customer’ or ‘GP’. Some researchers were finding that research funders were asking for increasingly detailed labels of this kind”

Corden A. & Sainsbury R. (2006)

But many of these attributes are also useful in quantitative papers

Lung Cancer, Proximity to Industry, and Poverty in Northeast England

Tanja Pless-Mulloli,¹ Peter Phillimore,² Suzanne Moffatt,¹ Raj Bhopal,¹ Chris Foy,¹ Chris Dunn,³ and

¹Department of Epidemiology and Public Health, School of Health Sciences, University of Newcastle, Newcastle upon Tyne, United Kingdom; ²Department of Social Policy, University of Newcastle, Newcastle upon Tyne, United Kingdom; ³Department of Health, Social and Behavioral Sciences, University of Durham, Durham, United Kingdom

This study assesses whether deprived populations living close to industry experience greater mortality from lung cancer than populations with comparable socioeconomic characteristics living farther away. Mortality data, census data, a postal survey of living circumstances, historic and contemporary data on air quality and a historic land-use survey were used. Analysis was based on two conurbations in England, Teesside and Sunderland. Housing estates in Teesside were selected based on socioeconomic criteria and distinguished by proximity to steel and chemical industries; they were grouped into three zones: near (A), intermediate (B), and farther (C), with a single zone in Sunderland. We included 14,962 deaths in 27 estates. Standardized mortality ratios (SMR) for lung cancer [*International Classification of Diseases #9* (ICD-9) 162] and cancers other than lung (ICD-9 140–239, excluding 162), and sex ratios were calculated. Mortality from lung cancer was well above national levels in all zones. For men, a weak gradient corresponding with proximity to industry at younger ages reversed at older ages. In women 0–64 years of age, stronger gradients in lung cancer mortality corresponded with proximity to industry across zones A, B, and C (SMR = 393, 251, 242, respectively). Overall rates in Teesside were higher than Sunderland rates for women aged 0–64 years (SMR = 287 vs. 185) and 65–74 years (SMR = 190 vs. 157). The association between raised lung cancer mortality and proximity to industry in women under 75 years of age could not be explained by smoking, occupation, socioeconomic factors, or artifact. Explanations for differences between men and women may include gender-specific occupational experiences and smoking patterns. Our judgment is that the observed gra-

factors, but it also raises the possibility of additional effects due to the combination of air pollution (27–29). While the synergy between different pollutants and outdoor air quality and socioeconomic status is acknowledged in air pollution research, the interaction between air pollution and health disadvantages associated with living in poor neighborhoods remains poorly understood. Not all poor areas are close to sources that are visibly close to major pollution sources tend to have poor air quality. The primary concern of this study is the effect of industrial air pollution in Teesside, a conurbation of over 400,000 people in the northeast of England.

Methods

Design. Mortality data were obtained from the [*International Classification of Diseases #9* (ICD-9) 162]

METHODS
for a Qualitative Article

What to include 1

- All journals you are likely to submit a paper to will require a Methods or Methodology section

What to include:

1. What you did
2. Why you did it (rationale, for design and choice of methods; criteria for selection/ sampling)
3. How you analysed the data
4. Ethical Considerations
5. Limitations of design or outcome

What to include 2

HOWEVER...

- Qualitative journals do not follow a standard line
 - No recipe
- BUT ALL are likely to ask you to justify your choices and show how your findings relate to what you actually did
- FIND OUT A JOURNAL'S EXPECTATIONS BEFORE YOU SUBMIT!
 - How?
 - See how methods sections are written in several articles in target journal

Some choices to be made

- How many words?
 - Probably c.500 words in 4000 word text
- Start with details of methods?
- Or start with context of data collection?
 - From the particular to the general, or vice versa?

I prefer

1. Context in which data was collected
2. Rationale for design
3. Details of methods
4. Problems with/ complications from conducting the study

Faten's paper (IJPH on MedCHAMPS): opening sentences of three paragraphs in Methods

- Data collection for MedCHAMPS took place in the year preceding the tumultuous events which have transformed the region, and which started in Tunisia itself at the turn of 2010-11. We stress that such a study would have proved impossible to undertake a few months later...
- In analysing the organisational structure of the health system and the reality of health service provision, the research design distinguished three 'levels...
- Twenty-four patients with diabetes and/or hypertension were interviewed, twelve of each sex. These were drawn from patients attending two public clinics on a particular day (one urban, one rural)...

Presenting RESULTS for a Qualitative Paper

In qualitative papers the distinction between Results and Discussion is less clearcut

- Results and Discussion are not always confined to separate sections
- That means Findings and Interpretation are not completely separated
 - Many findings need interpretation – facts do not speak for themselves.
- Results are a descriptive analysis
 - Empirical and theoretical/ conceptual
 - Results present empirical findings framed as steps in your argument

Faten's paper in IJPH: Results organised in 3 sections

Title: Living with diabetes and hypertension in Tunisia: popular perspectives on biomedical treatment

1. Making sense of symptoms and causes
2. Adjustments to illness
3. Patient views about clinic care and communication
4. Clinic staff perspectives on patients

1 & 2 use chronology as an organising device

3 & 4 use contrasting perspectives

What should a 'Results' section include?

Not all qualitative journals & papers identify a 'Results' section

Two examples

Lambert, Helen. (2012) Medical pluralism and medical marginality: Bone doctors and the selective legitimation of therapeutic expertise in India. *Social Science & Medicine* 74: 1029-1036

- Introduction
- Methods
- The origins of specialist expertise
- Bone doctoring as contemporary occupation
- Reputation, legitimation and the ambiguity of expertise
- The grounds of expertise and its selective legitimation
- Professional regulation and the delegitimation of performative expertise
- Conclusion

Awah P. & Phillimore P. (2008) Diabetes, medicine and modernity in Cameroon. *Africa* 78: 475-495

- Introduction
- Background (including Methods)
- Diabetes clinics and expectations of 'compliance'
- Interpreting instructions: patient and family ambivalence
- Seeking different answers: indigenous healing
- Explanation, modernity and credibility

Therefore...

- Check the formats and expectations of your target journal, by looking at published examples!

Writing people in...or out of the text...
Nancy Scheper-Hughes in 'Ballybran' (Ireland)

“When I argued, somewhat lamely, that it would be pointless for individuals to try to identify themselves since I carefully constructed *composite* characters that would defy any attempts at labeling or identification, I was silenced:

‘Nonsense. You know us better than that. You think we didn’t, each of us, sit down poring over every page until we had recognized the bits and pieces of ourselves strewn about here and there... Recognize ourselves, indeed! I’ve gone on to memorize some of my best lines.’”

Scheper-Hughes, Nancy (2001 ed.) *Saints, scholars & schizophrenics* (Preface)

A useful link

- <https://www.dur.ac.uk/writingacrossboundaries/>

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Narrative, Rhetoric and Representation

The relationship between narrative, representation and rhetoric is an intimate one, and success in writing is significantly dependent on an integration of these three components of discourse: they constitute in practice the logic, focus and *vivification* (i.e. the vivification) of a text, and, appropriately unified, are the vehicle that bears its message from the writer to the reader. How they are unified is through active and sentient reflection *during* the writing process. This does not occur easily. It happens only when the author disbursts her/himself of the cognitive notion that communication is the coded delivery of preformulated messages. It is not. A successful act of authorship brings to birth a new being, quite separate from what was in the writer's head, which then takes on a life of its own. Narrative, Rhetoric and Representation are its midwives, and have the ability to carry a work far beyond the Caesarean brutality of setting down mere facts in a memory chronicle. The links below contain some suggestions for exploring these elements of the writer's craft, and for utilising them in the various stages of academic writing; the first analyses, and assesses the functions of, a number of contrasting styles of social science (ethnographic) writing; the second connects to some references about reflection in the writing process; the third slight as its precursors those nineteenth century rhymed mnemonics for helping schoolchildren remember their history lessons, or, indeed, any other set of child-unfriendly information. How are the key features it highlights incorporated in your writing, and, more importantly, what do they do?

- [WHATAREYOURMOTIVATIONS.doc](#) (last modified: 5 January 2010)
- [Reflection in the Writing Process](#) (last modified: 13 November 2009)
- [Writing](#) (last modified: 13 November 2009)